HSCRC Regional Partnership Forum

September 18, 2019

Agenda

- Introductions & Welcome
- Statewide Tour: Lessons Learned
- Draft Recommendation to Commissioners
- Rebid Planning

Introductions & Welcome

Lessons Learned

HSCRC "Statewide Tour"

- The HSCRC conducted in-person meetings with every Regional Partnership in the State

- Our goals were to:
  - Confirm the most current information about existing grant funded programs
  - Identify best or promising practices that can be shared in the future
  - Identify opportunities to improve HSCRC administration of grants
  - Inform the staff recommendation for a future grant program

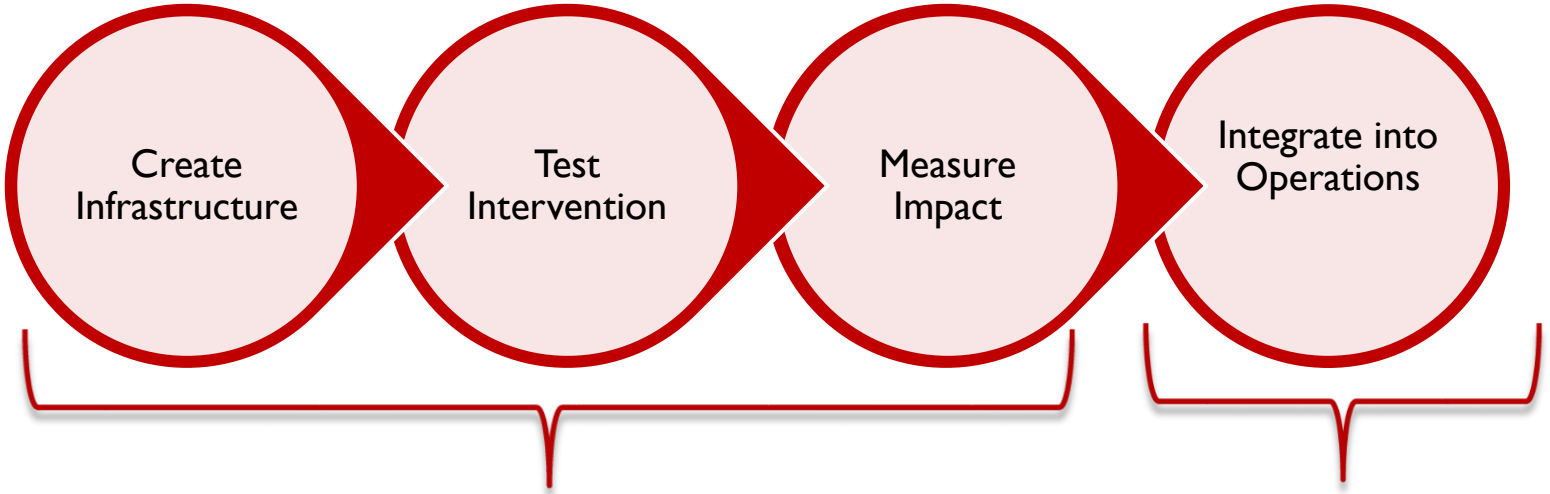
- Interventions include:
  - Behavioral health integration
  - Care transitions
  - Home-based care
  - Patient engagement and community education
  - Mobile health

What have we learned?

- What is working well?
  - Regional governance structures established to allow multi-hospital collaborations
  - Community-based organizations provided important services
  - Partnerships began serving patients with innovative interventions supported by community-based organizations
  - Established a Learning Collaborative model to share best practices
  - CRISP framework created to start data sharing and tracking impact
- What are the opportunities to improve?
  - Clarify timeline, terms, and conditions of awards
  - Establish a consistent method for identifying impact
  - Increase collaboration with community-based organizations
  - Improve data sharing arrangements
  - Prevent duplication of funding
  - Increase best practice sharing
  - Ensure plans for scaling / sustainability
  - Increase oversight and auditing
  - Increase communication with HSCRC

The HSCRC Regional Partnership Grant Philosophy

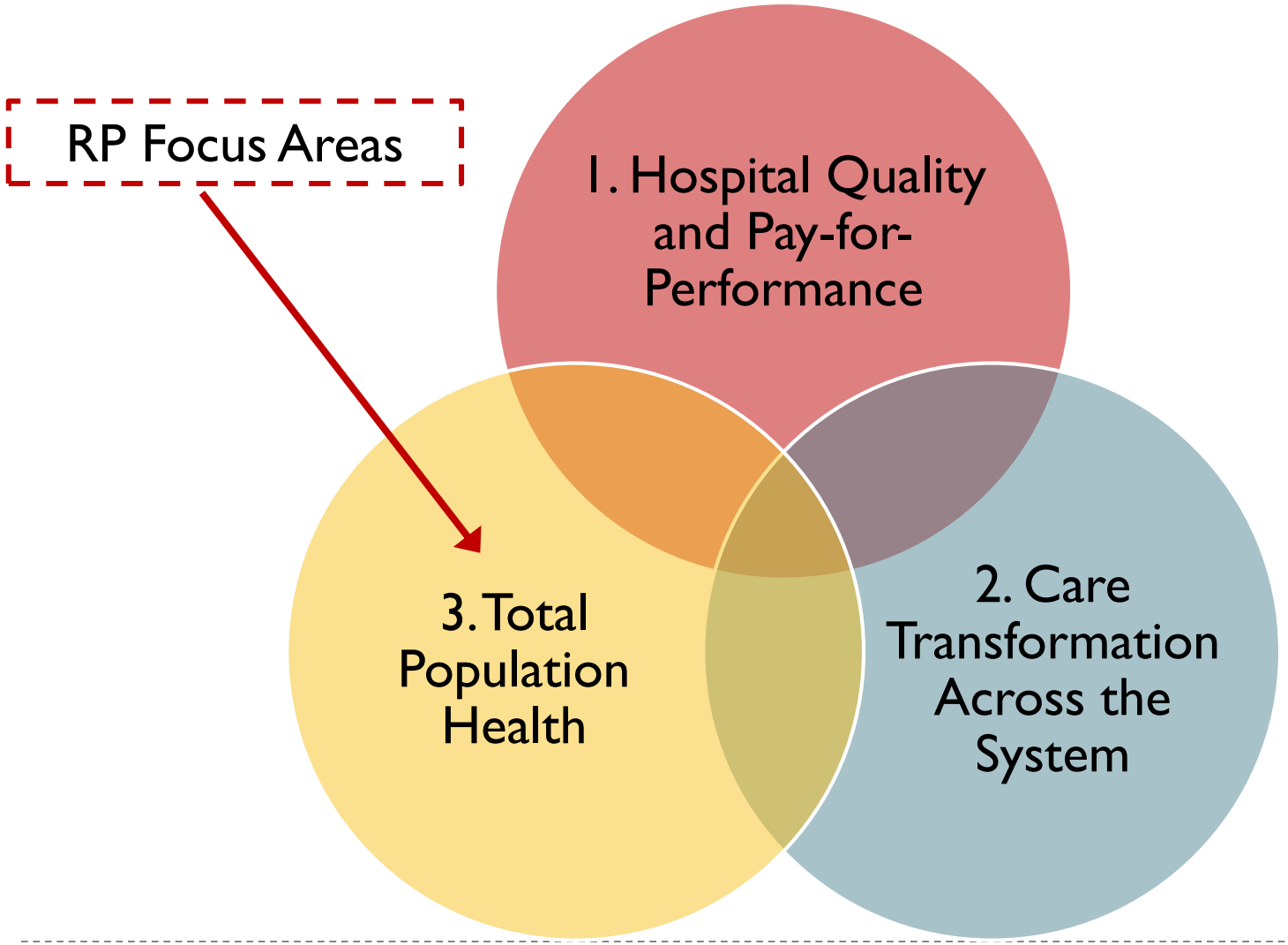
- Regional Partnership grants are designed to:
  - Foster collaboration between hospitals and community partners
  - Provide start up funding to support innovative care models
  - Enable partners to create infrastructure, test, and measure the impact of interventions
- Grants can not support interventions in perpetuity
- Interventions must be scaled and ROI targets must be achieved
- If an intervention is successful, it should be integrated into hospital operations and supported via a permanent source of funding



Reset Guiding Principles

Eliminate funding duplication	• Ensure grant funds are not duplicative with other funding mechanisms
Ensure alignment with State priorities	• Total Cost of Care, population health focused
Encourage broad collaboration	• Widespread engagement of local resources
Leverage evidence-based practices	• Use data to inform interventions that are supported
Identify the impact	• Measurable impact through scaling of interventions and reduction in costs
Ensure sustainability	• Develop a pathway for permanency
Revamp grant oversight	• Leverage philanthropy best practices • Provide additional oversight resources
Communicate & collaborate with stakeholders	• Continue the culture of collaboration • Ensure information is clear, sensitive to concerns, and timely

Regional Partnership Grants: Infrastructure to Achieve Population Health Goals



Overview of Draft Recommendation

Sustainability Options for Expiring Grants

Sustainability Options

- Existing Regional Partnership grant funding will expire on June 30, 2020
- Regional Partnerships should consider alternative sources of funding to ensure sustainability of successful interventions:
  - Global Budget Revenue
  - Care Transformation Initiatives
  - Stakeholder Innovation Group New Payment Models
  - Medicare Billable Services
  - MDPCP Funding (for Care Management Services now covered by primary care)

Draft Recommendation for New Regional Partnership Grant

TCOC Regional Partnership Grants

- Existing Regional Partnership grant funding will expire on June 30, 2020
- In the October HSCRC Commission meeting, staff will propose a new version of the Regional Partnership Transformation Grants that would begin July 1, 2020
- Under the Total Cost of Care Model (TCOC Model), we have newly established population health goals so the new grant program will be designed to align
- Overall grant investment will be consistent with previous years
  - .25% of hospital revenue
  - .50% limit per hospital
- Upon approval from the HSCRC commissioners, a "Request for Applications" (RFA) will be issued to require bids for future funding

Regional Partnership Grant Programs

The Regional Partnership grant program will be restructured to ensure care innovations align with state population health priorities under the TCOC Model

Funding Stream I:
Diabetes Prevention & Management Programs

- Support implementation of CDC approved diabetes prevention programs
- Support diabetes management programs

Funding Stream II:
Behavioral Health Programs

- Support implementation of new behavioral health care models that improve access to crisis intervention, stabilization, and treatment programs

New: Award Conditions

- New requirements will be established to ensure conditions of grants are clearly defined and agreed to before acceptance of the award
  - Award notices will be accompanied by an attachment that lists award conditions
  - Grantees will be required to agree to the conditions in order to receive the grant funding
  - Hospital CFOs will be required to sign the award acceptance to ensure mutual understanding of long term sustainability expectations
- Award conditions may be unique to each funding stream

Return on Investment (ROI) Methodology and Care Transformation Initiatives

Return on the Regional Partnership Investment

- Under the TCOC Model, the State must systematically work to reduce total costs of care for Medicare beneficiaries
  - Regional Partnerships are grants to help the system develop infrastructure for long term success under the TCOC Model
  - RPs are also important mechanisms for partnership across the State, which ultimately increases the State's success in the long term

- Quantifying and explaining the impact that RPs have is important to help justify continued infrastructure and grant funding in Maryland's health system

Return on Investment (ROI)

- HSCRC staff designed the new RP funding streams so that they prioritize the State receiving a return on investment
  - Improving Diabetes and Behavioral Health care will produce long-term effects and ROI for the health system
  - However, long-term ROI will only come after infrastructure is developed for these interventions
- In the interim, HSCRC staff developed Scale targets to ensure progress is made towards a long-term ROI
- Staff expect that Regional Partnerships produce a measurable ROI in order to be eligible for future financing through hospital GBRs, CTIs or other mechanisms

"Investment"

- Direct $$ from RPs into developing the infrastructure, workforce and interventions for each funding stream
- Indirect work by RPs to strengthen system partnership and interoperability

"Return"

- TCOC Savings
- Infrastructure development for future billing and utilization reductions
- Population health improvements for Outcomes-based credits

Measurement of RP Progress and ROI

- The HSCRC will measure progress in each funding stream based off of pre-determined targets
- Options for measuring the progress of a RP will be either:
  1. **Scale Targets** proving that the infrastructure has reached certain achievements
     - Staff will establish evidence-based targets to measure impact on long-term costs and beneficiary outcomes
     - Each funding stream will require the measurement of certain claims which staff have connected to progress targets
     - Other metrics of RP progression, such as independent accreditations and other developments
  2. **TCOC Savings** of Target Population
     - Based off of a defined methodology for measuring TCOC in Medicare claims (outlined in following slides)
     - The RPs will identify the Target Population

Steps in Monitoring ROI for Regional Partnerships

1. The HSCRC will set the **TCOC Savings** and **Scale Targets** and will measure the RP performance
2. If grant funding is awarded, the RP must meet the Scale Targets for the Target Population
3. After the grant period, the RP must demonstrate TCOC savings to receive additional funding (i.e. through CTI or GBR)
4. Periodic advisories and updates will be provided to RPs

Steps in Monitoring ROI for Regional Partnerships

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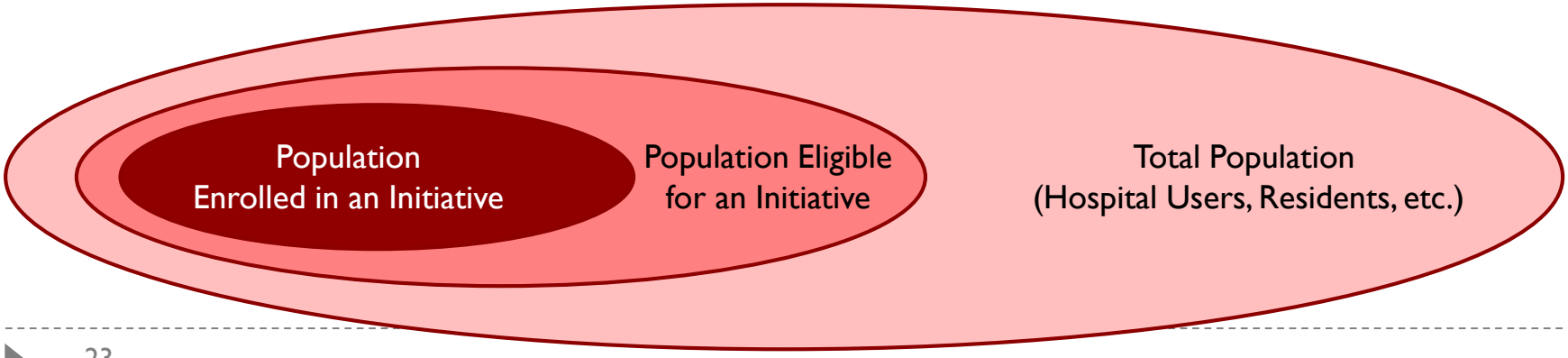
4. Periodic advisories and updates will be provided to RPs

Determining an Eligible Population for RP Intervention

- TCOC Savings and Scale Targets will be measured on populations that can be identified in Medicare claims
  - Other payers will be included, as data is available
- The population measured are those eligible for an intervention, not those who actually receive it
  - The population eligible for an intervention is likely larger than the actual enrolled population
  - Goal is to identify claims-based eligibility criteria that get as close to the target enrolled population as possible
- Allows staff to equally compare interventions that have a small effect on a large population to those with a large effect on a small population



Identifying the Population

- The RP funding stream will indicate which Medicare beneficiaries **should** be impacted by the intervention
- The trigger will be identifiable in claims data but may include **any** combination of:
  - Geographic residency (by zip code or county)
  - Receipt of procedure(s) (e.g. hospitalization or count of ED visits)
  - Condition (chronic condition, primary diagnosis code or DRG)
  - Receipt of services from an indicated provider (CCN, TIN, NPI, or type of provider/specialty of supplier)
  - Other claims-based data as necessary

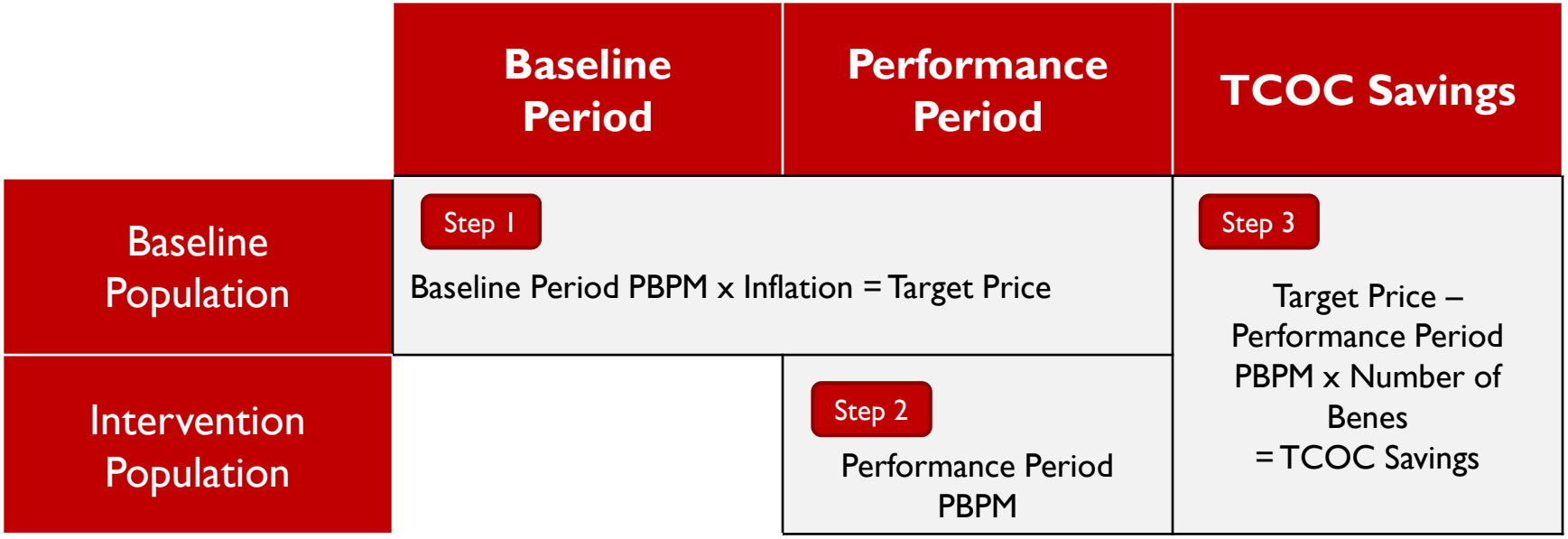
How the HSCRC will Determine the Eligible Population for a Funding Stream

- Step 1: Choose the eligible population
  - Identify beneficiaries who could benefit from the intervention (e.g. diabetic beneficiaries for a diabetes intervention)
  - Trigger based on the diagnosis of a condition (ICD principal diagnosis, chronic condition flag, etc.) or receive a certain service (ED intake for behavioral health needs, etc.)
- Step 2: Restrict the population to those **most likely** to be impacted by the intervention
  - Identify which eligible beneficiaries could have received the intervention from the hospital
  - Trigger based on a touch with the hospital or an associated provider
- Step 3: Choose the intervention window based on RP funding guidance and appropriate intervention effect time
  - The window could be 15, 30, 60, 90, 180, etc. days
  - All costs during the window (regardless of setting of care) are included
- The **final eligible population** will be triggered via a combination of the eligible population and those who may have been impacted by the intervention

Overview of the Methodology to Determine RP TCOC Savings

TCOC savings will be assessed via a three-step algorithm

1. Calculate a **Target Price** using Baseline Beneficiary Per Member Per Month $ (PBPM) and an Inflation Factor (via the Eligible Population)
2. Calculate a **Performance Period PBPM** by measuring TCOC for the Eligible Population cohort
3. Calculate the **TCOC Savings** by comparing the Performance Period Per Member Per Month $ to the Target Price



Diabetes Funding Stream

Why Diabetes?

- Under the TCOC Model, Maryland has set a statewide goal of diabetes prevention
  - 1 in 4 healthcare dollars in the U.S. is spent on care for people diagnosed with diabetes[1]
  - This includes the opportunity to earn "credit" back to offset TCOC increased for improving the rate of diabetes incidence
- The costs of treating diabetes and ensuring good health outcomes for patients living with diabetes can be impacted by focusing in two areas:
  - Prevention of new diabetic cases
  - Management of current populations with diabetes
- There is a pathway to sustainable reimbursement and infrastructure support through Diabetes Prevention Program and Self Management training Medicare billing

1. Source: https://www.ncbi.nlm.nih.gov/pubmed/29567642

Why is Regional Partnership Funding Necessary to Improve Diabetes Care?

- Diabetes education and self-management programs have a robust evidence base:
  - The National Diabetes Prevention Program (National DPP) has shown long-term success in helping to prevent the onset of diabetes and weight-loss for those with pre-diabetes
  - Implementing more self-management training, education and lifestyle change support has been shown to improve outcomes and spending for those living with diabetes
- Providers can bill Medicare for these services; however, the infrastructure to provide these interventions is lacking in Maryland

Diabetes Prevention Funding– Overview

- As a component of the RP diabetes funding stream, the HSCRC will promote and track development of the Medicare Diabetes Prevention Program (MDPP).
- Goals:
  - Build DPP supplier capacity and create hospital support for DPP within Maryland
  - Disseminate an evidence-based intervention that will not only prevent diabetes among Marylanders, but also align statewide efforts for maximal impact
  - Leverage the outcomes-based credit opportunity to earn a "return" on population health improvements under TCOC Model policies.
- The DPP stream will be fully self-sustaining after four years

Diabetes Management Funding– Overview

- As a component of the RP diabetes funding stream, the HSCRC will promote and track development of Medicare Diabetes Self-Management Training (DSMT) and Medical Nutrition Therapy (MNT)
- Goals:
  - Build DSMT and MNT capacity statewide
  - Encourage complimentary development of each program to increase effectiveness
  - Disseminate an evidence-based intervention that will help to better manage the costs and outcomes for Medicare beneficiaries with diabetes
- The DMST/MNT stream must be fully self-sustaining after four years or produce a TCOC Savings ROI

Award Conditions for Diabetes Funding Stream

Award Component	Proposed Requirement	
	Diabetes Prevention	Diabetes Management
Funding Rules	• Funding awarded for a maximum of 4 years • No rollover of unused funds will be allowed	• Funding awarded for a maximum of 4 years • No rollover of unused funds will be allowed
Scale Targets	• Awardees must be able to demonstrate successful completion of **Scale Targets** for Medicare Diabetes Prevention Program (MDPP) billing: Year 1 – Referred Medicare Beneficiaries Year 2 – Enrolled Medicare Beneficiaries Year 3 – Completed Medicare Beneficiaries Year 4 – Medicare Beneficiaries who achieve 5% bodyweight loss	• Awardees must be able to demonstrate successful completion of **Scale Targets** for billing Diabetes Self Management Training (DSMT) and Medical Nutritional Therapy (MNT) for beneficiaries with diabetes
Sustainability Plan	• Awardees must have the demonstrated ability to bill Medicare for MDPP by the end of year 2 • Awardees must show an ROI to be eligible for further support under CTI or GBR policies by year 4	• Awardees must have the demonstrated ability to bill Medicare for DSMT and MNT services by the end of year 2 • Awardees must show an ROI to be eligible further support under CTI or GBR policies by year 4
Data Sharing	• Awardees must have agreements developed with all regional partners to ensure CRISP data can be shared and protected across partners	
Reporting	• Awardees must agree to program performance reporting requirements defined by HSCRC	

Behavioral Health Funding Stream

Why Behavioral Health?

- Under the TCOC Model, Maryland has clear incentives to reduce unnecessary ED and hospital utilization. However,
  - Compared to the nation, Maryland has 14 percent more discharges per 100,000 residents for psychiatric services
  - The number of ED visits with a primary psychiatric diagnosis that did not result in admission increased by approximately 19 percent between 2008 and 2017
- Improving crisis resources necessitates system-wide investment and collaboration
  - Economies of scale often make it financially infeasible for a single hospital to invest resources
  - Community-based organizations currently provide many of these services for the State and do not receive reimbursement

Behavioral Health Funding Stream – Overview

- The dedicated RP funding stream for behavioral health will focus on developing infrastructure for comprehensive crisis management services
- The HSCRC requests stakeholders submit suggestions for evidence-based crisis service models
  - Input should be submitted prior to October 18th, 2019
  - When the RFA is released, the HSCRC will outline the evidence-based model(s) that will be funded and applicable Scale Targets
- Suggested interventions and programs may include:
  - Short-term sub-acute residential crisis stabilization programs
  - Crisis Now – Developed by the National Association of State Mental Health Program Directors
  - Certified Community Behavioral Health Clinic (CCBHC)
  - Other **evidence-based** programs and services

Behavioral Health Funding Stream – ROI and Sustainability Planning

- Not all infrastructure developed under this stream will be able to directly transfer to billable services
  - Based on the chosen models, the HSCRC will create Scale Targets
  - To ensure sustainability beyond RP grant funding, grantees will need to submit a sustainability plan
- Potential components of a sustainability plan may include:
  - CTI Submission
  - GBR Integration
  - Billing and revenue generation

Award Conditions Behavioral Health Funding Stream

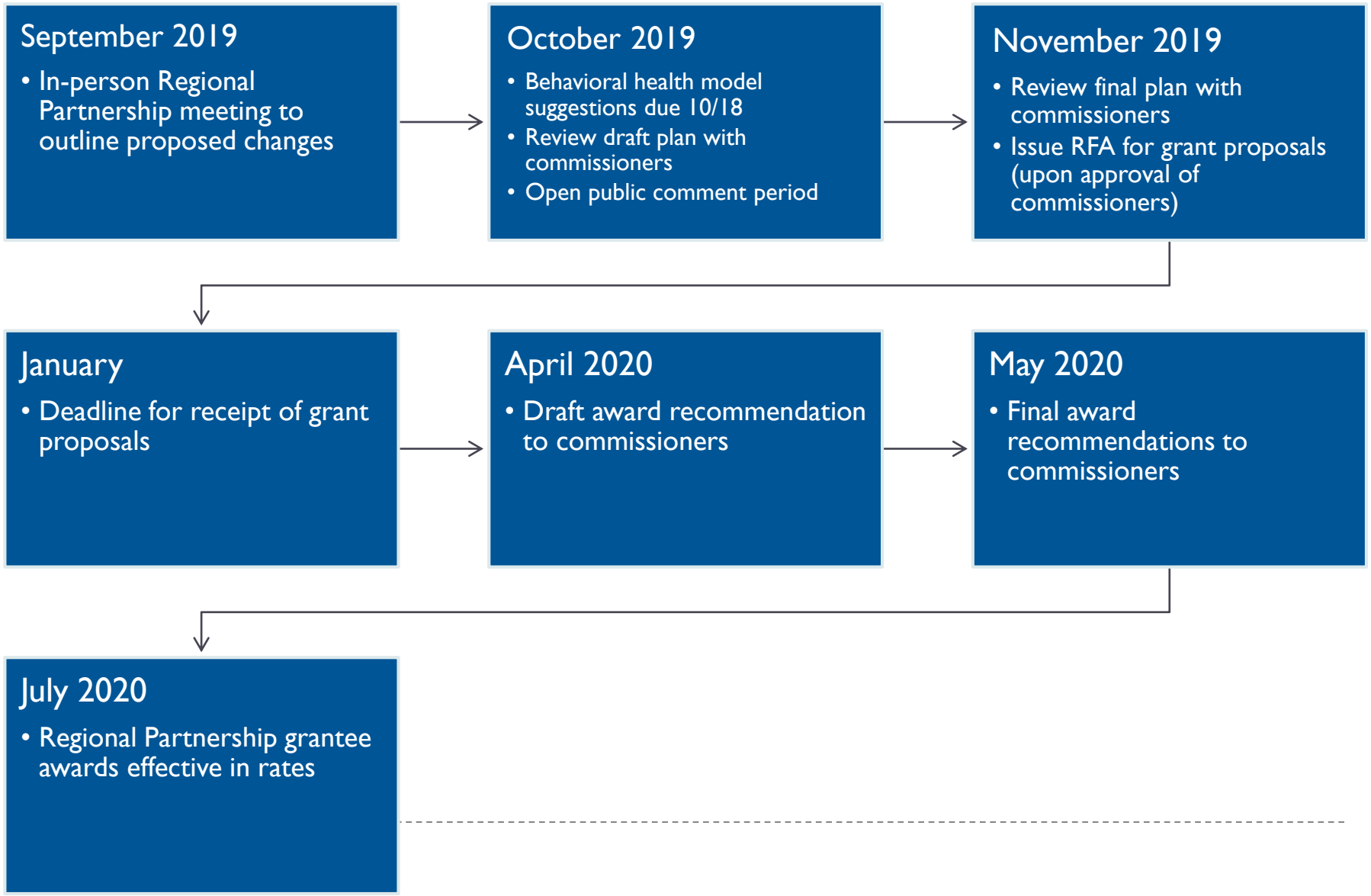
Award Component	Proposed Requirement
Funding Rules	• Funding will be awarded for a maximum of 4 years • No rollover of unused funds will be allowed
Scale Targets	• To be determined by the HSCRC • Will need to be independently verifiable and evidence-based • May include components of the current ROI policy (i.e. defining a Target Population)

Sustainability Plan	• Individual RPs will need to submit a sustainability plan during the application process
	• HSCRC staff will evaluate the merits and feasibility of each plan during the application process
	• Potential components of a sustainability plan may include:
	  • CTI Submission
	  • GBR integration
	  • Billing and revenue generation

Data Sharing	• Awardees must have agreements developed with all regional partners to ensure CRISP data can be shared and protected across partners
Reporting	• Awardees must agree to program performance reporting requirements defined by HSCRC

Preparing to Rebid

Timeline for Key Activities



Request for Applications

Upon approval by the commissioners, the HSCRC will issue a new grant Request for Applications (RFA) by the end of 2019.

DRAFT Evaluation Criteria

- Alignment with TCOC Model Goals
  - Population health priorities
  - Cost reduction
- Infrastructure/ROI Planning
  - Planning for scale targets over course of grant
  - Consideration of long-term measures such as TCOC savings and health outcomes
- Widespread Engagement & Collaboration
  - Supplement existing hospital resources
  - Plan for engaging and supporting community-based organizations
- Evidence-Based Approach
  - Evidence to support intervention design
- Efficacy of Previous Funding
  - Appropriate use of previous grant funds
- Governance & Operational Planning
  - Approach to decision making
  - Implementation Plan
  - Budget
- Innovation
  - Creative uses of IT (Telehealth, CRISP Reporting, Data Sharing)
  - Partnership and resource sharing
- Sustainability Plan
  - Plan to support intervention beyond initial grant program

Data Sharing, Tools, and Best Practices in CRISP

Regional Partnership Forum

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Sheena Patel, CRISP

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Columbia, MD 21046
877.952.7477 | info@crisphealth.org
www.crisphealth.org

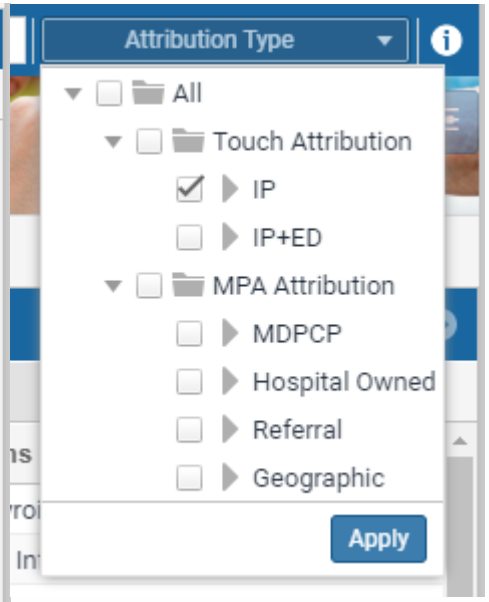
Reporting Tools Available

Medicare Specific

MADE Population Navigator

Population Navigator Report

- Create a custom list of beneficiaries based on filterable criteria
- Can save list as a roster and pull into other reports
- View summary utilization and cost metrics
- Filter on conditions including: depression and diabetes
- Filter on touch relationship and/or MPA attribution



Medicare Data and Analytics Engine (MADE)

* Double click on row to edit

Roster | Excel Export

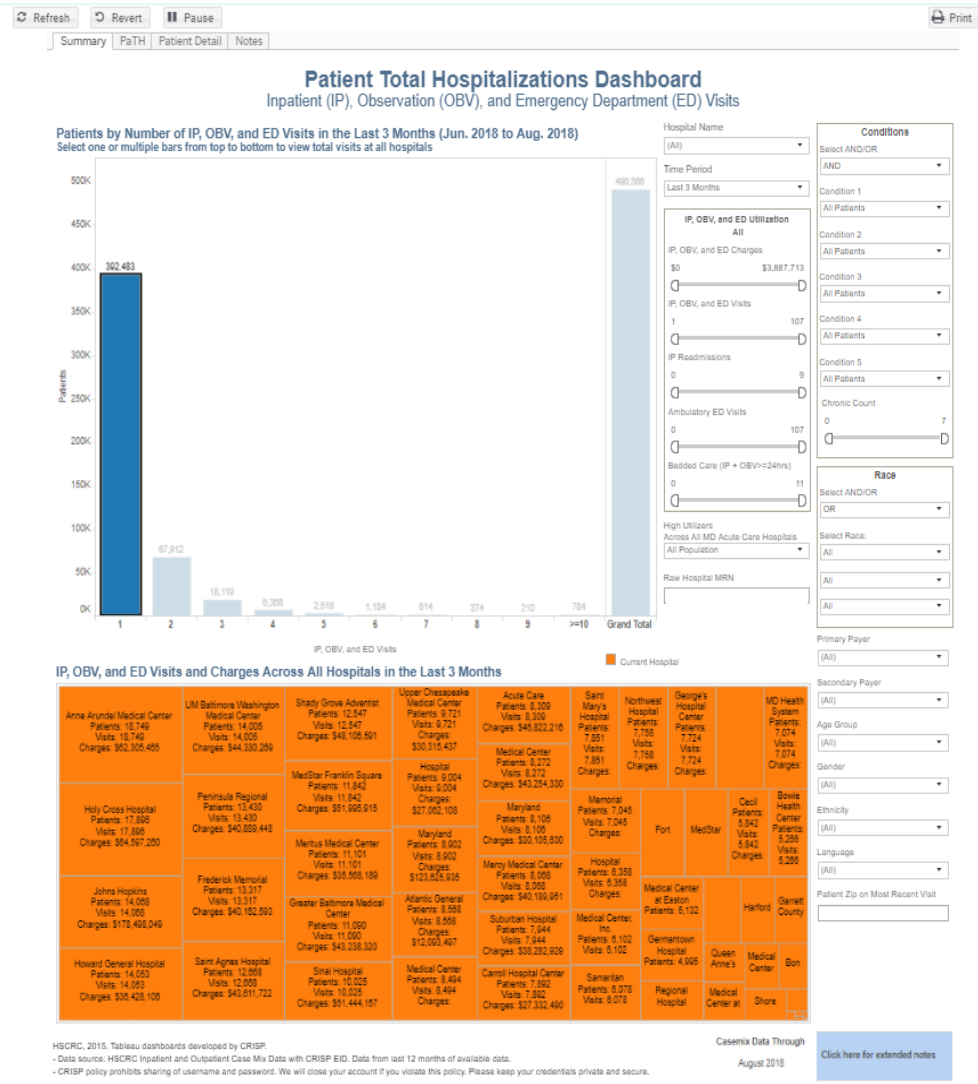
Touch Attribution	MPA Attribution	MPA Attributed Hospital	Current Status	Measure Count	Current Year Inpatient Admission Count	Current Year Medical Paid	Previous Year Medical Paid	Current Year Pharmacy Paid
IP			Expired	0	0	$0	$0	$
BOTH		Suburban Hospital	Expired	26	6	$187,882	$2,775	$157,27
IP		Sinai Hospital of ...	Active	26	4	$48,642	$3,215	$18,84
IP	Geographic	Multiple	Active	1	0	$161	$13,496	$
BOTH		Johns Hopkins H...	Active	28	4	$86,291	$5,199	$26,95
IP		Frederick Memori...	Active	8	1	$3,318	$4,750	$2,60
BOTH			Expired	10	2	$67,244	$58,113	$2,30
IP			Active	9	0	$624	$425	$6,89
IP			Active	27	1	$8,072	$2,173	$43,38
BOTH		Doctors' Commu...	Active	24	0	$17,456	$23,318	$13,22
BOTH	Referral	Adventist Shady ...	Active	9	0	$3,718	$9,455	$1,51
BOTH		MedStar Good Sa...	Active	19	0	$22,956	$28,728	$55,94
IP			Active	23	0	$19,772	$12,615	$33,24
IP		Suburban Hospital	Active	12	1	$3,693	$21,297	$
IP			HMO / Not in Part A ...	1	0	$4,042	$5,400	$
IP			Expired	2	0	$0	$80,929	$
BOTH			Expired	6	1	$21,523	$58,159	$
IP			Active	35	2	$100,305	$24,975	$15,06
BOTH	MDPCP	Adventist Shady ...	Active	29	0	$35,844	$69,023	$10,61
BOTH		MedStar Montgo...	Expired	18	4	$108,003	$21,262	$36,53
IP	Referral	Adventist Shady ...	Active	31	1	$11,213	$2,914	$25,39
IP	Geographic	Multiple	Active	17	1	$203	$0	$4,88
IP			Expired	22	1	$51,400	$50,716	$11,56

Reporting Tools Available

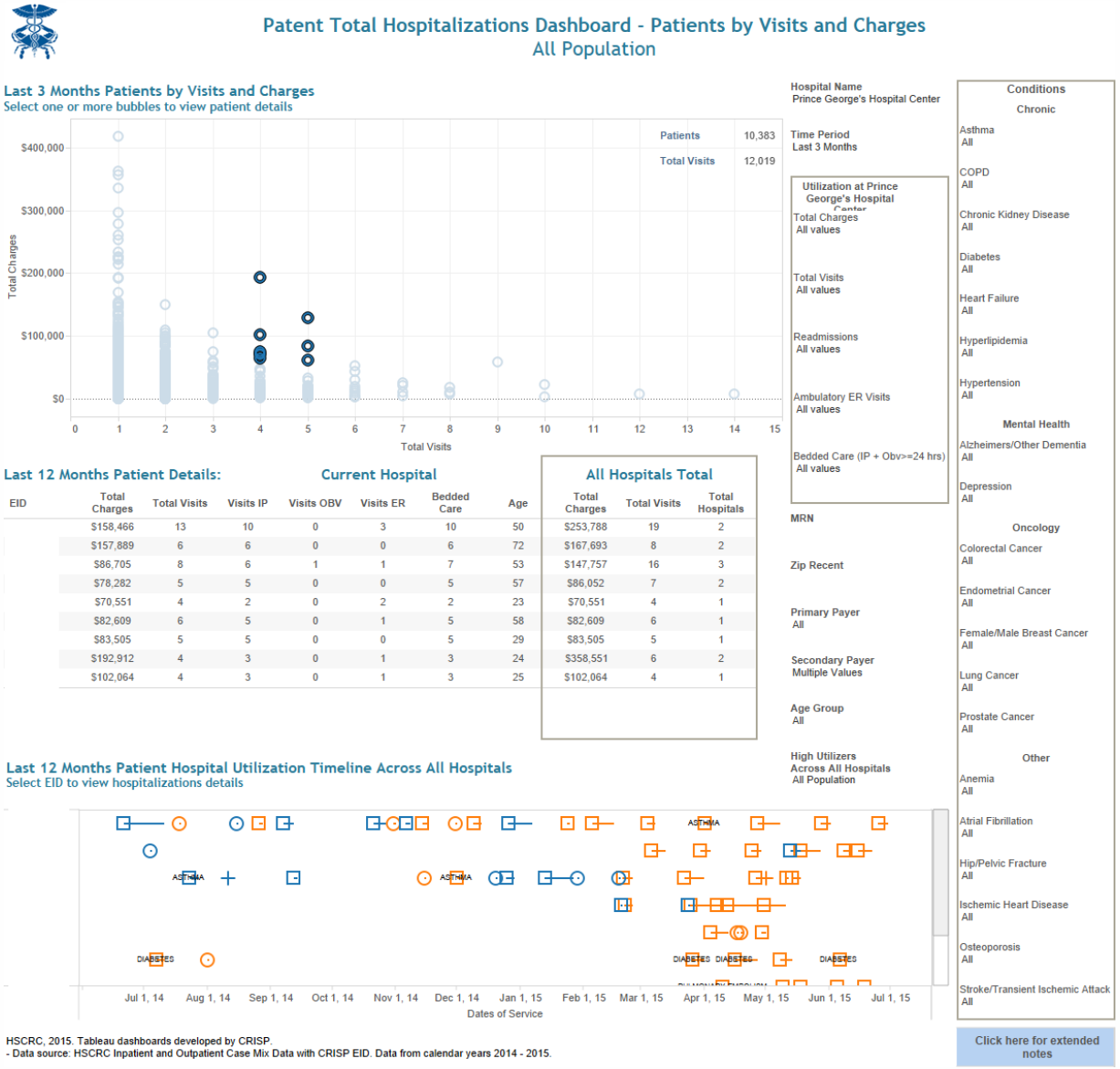
All Payer

Patient Total Hospitalizations (PaTH)

- Provides hospitals with cross hospital data for patients with utilization
- Summary provides utilization and charges information for specific selection criteria
- Detail is usually leveraged to generate patient lists based on a set of definitions

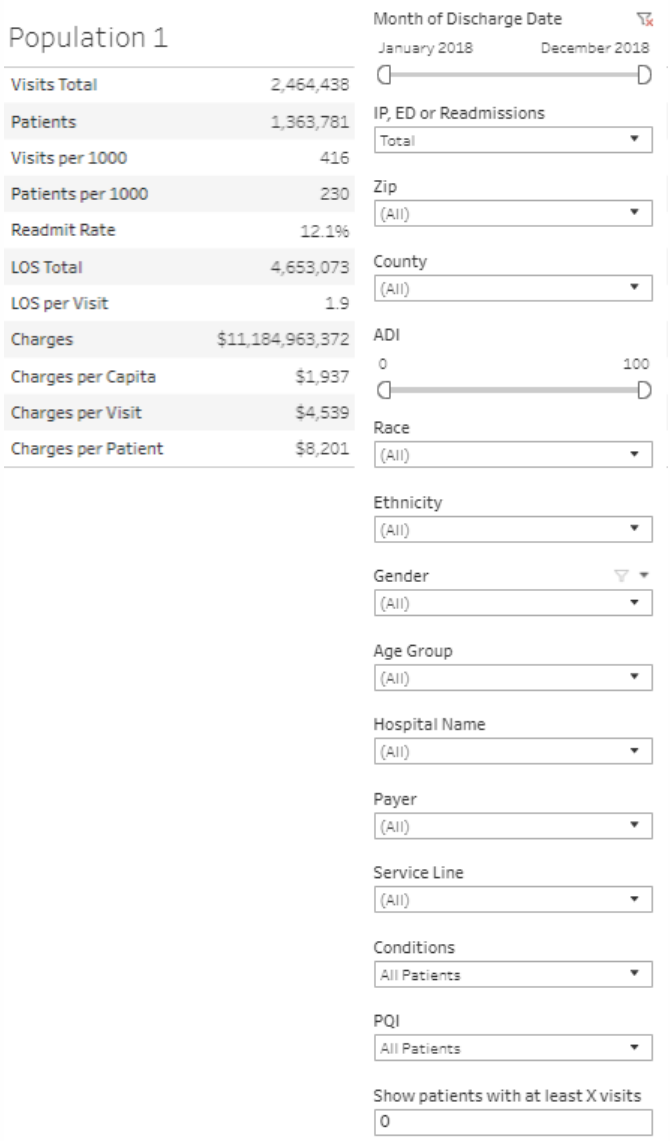


PaTH Tab



- Can filter by payer, utilization, and demographics
- Can filter on conditions. Including: diabetes, obesity, dementia, depressive disorders, bipolar disorder, schizophrenia

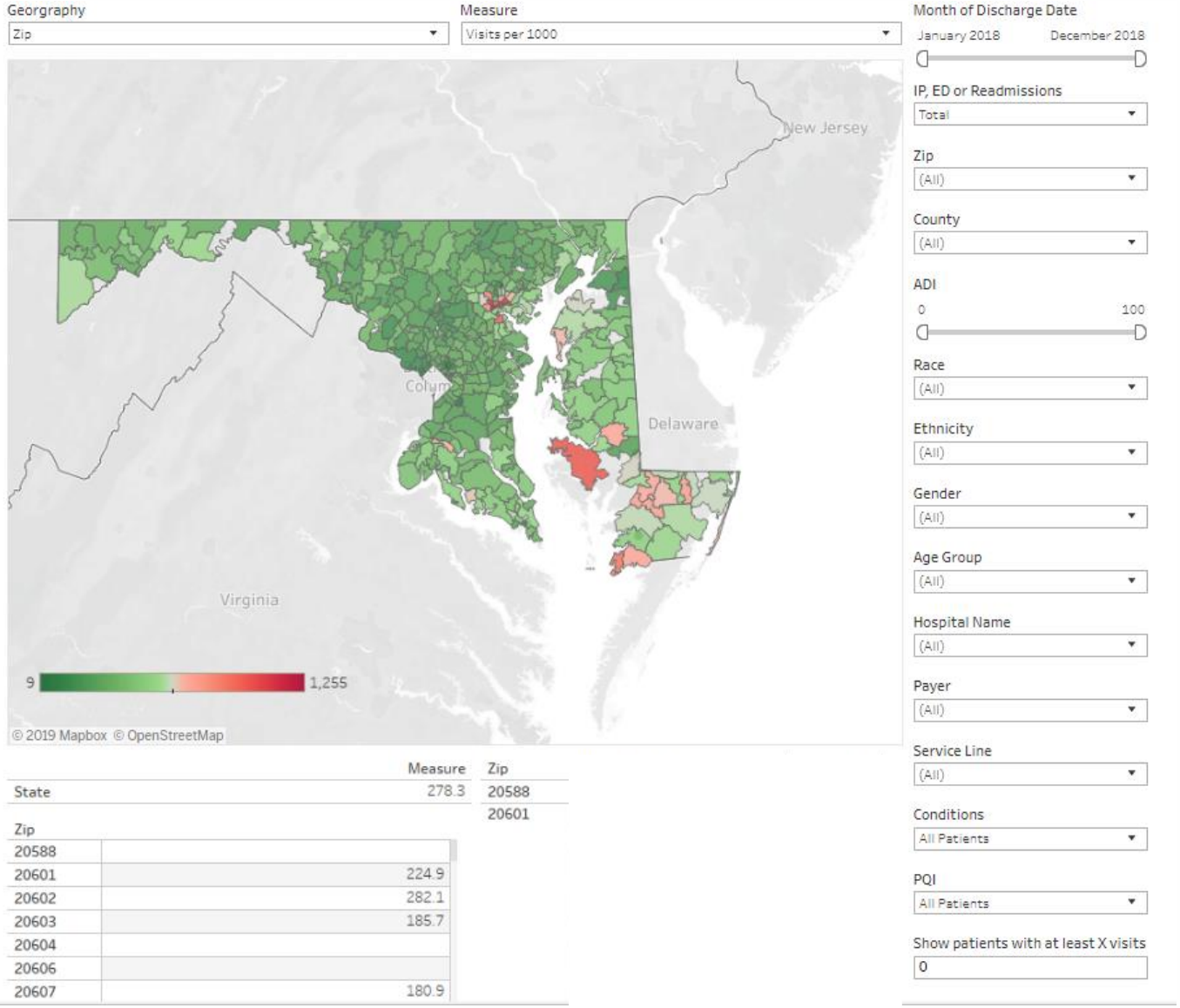
Public Health Dashboard



- Summary level report
- In development, expected release in November
- Additional substance use and mental health conditions included

Additional Conditions Included
Alcohol Overdose
Alcohol Related SUD
Anxiety
Any Mental Health Condition
Any Overdose
Any Substance Use Disorder
Non- Alcohol Related SUD
Opioid Overdose
Suicide and intentional self-harm

Public Health Dashboard



	Measure
State	278.3

Zip	
20588	
20601	224.9
20602	282.1
20603	185.7
20604	
20606	
20607	180.9

Zip
20588
20601

CRISP Tools

Encounter Notification Service

- Submit list of patients enrolled in your programs
- Receive real time notifications when patients visit the hospital
- Enables care coordination of patients based on real time data
- Can attribute patients on your panel to programs
  - Information displayed at point of care for other providers to see

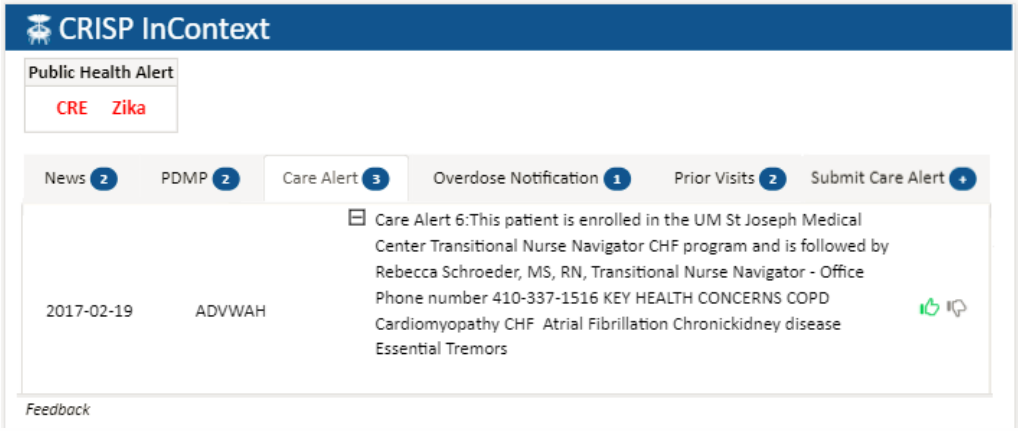
Encounter Notification Service

- Regional Partnerships are submitting cross-facility ENS panels
- Enables care coordination of shared patients
- Generates a unique list of patients across hospitals
- Can view patients on ENS panel in pre/post and panels for practices report

Care Alerts

Care Alert: a short description of critical information for patient care generated by CRISP participants within their EHR.

Can include program information and care manager contact information



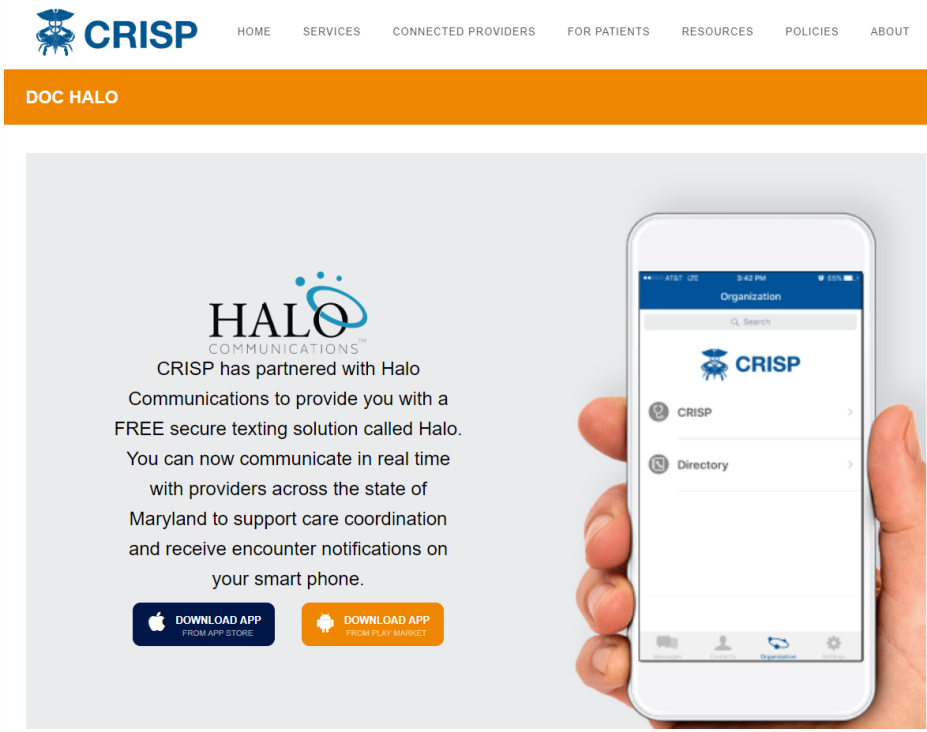
"Mr. Stevens has CHF exacerbations that typically and rapidly respond to 40 mg IV furosemide in the ED with close follow up the next day in the office. Call/text Dr. FIRST at 111-333-4444 if you are considering admission."

"This patient has a MOLST. Please note: DNR, DNI, no feeding tube, no antibiotics."

"Mrs. Franklin's pain medications are managed entirely by Dr. Dolor. Securely text him prior to prescribing any controlled substances."

Doc Halo

- DocHalo is a secure texting app
- Can message participants in CRISP
- Requires a clear use case to request (i.e. care coordination)



Steps to get access

1. Execute a PA addendum
2. Submit use case
3. Submit user list

Data Sharing Frameworks

Current Examples of Data Sharing

- Reporting POC's from each hospital add Regional Partnership users to view their hospital reports
  - Allows for more reports on enrolled and not enrolled patient populations
  - Does not allow for a unique cross facility list
- Shared ENS panel across participating hospitals to care coordinate enrolled patients and use for select CRS reports
  - Allows for a unique list of patients to be generated across hospitals
- DUA across all participating hospitals

Future Path for Data Sharing

- A common challenge faced for many regional partnerships was data sharing
- CRISP now has a care coordination affiliation form that allows for hospitals to attest that other entities can view their data
- Entity with treatment relationship allows affiliate to have access to patient data at point of care and through reports
- Access form on CRISP website
  - Resources -> Training Materials-> Onboarding Documents -> Care Coordination Affiliation Statement

CRISP

Care Coordination Affiliation Statement

Purpose

This document is to affirm the relationship between _____ ("Participant"), a CRISP Participant in good standing with CRISP, and _____ ("Affiliate"). Participant is working with Affiliate to implement care coordination and population health interventions, with the aim of enhancing patient outcomes and provider efficiency. To enable these activities, Participant is permitting clinical and claims data available to Participant through CRISP to be available to Affiliate. Claims data for patients attributed to Participant or Participant's providers will be available to Affiliate. Participant is also allowing Affiliate full access to CRISP services as an Agent under Participant's Agreement with CRISP. Individual personnel access to CRISP can be managed by a Point of Contact designated by Affiliate and listed below.

Data Use Permissions

Participant and Affiliate agree to only use data accessed through CRISP for its Permitted Purposes defined in the CRISP Participation Agreement and data use policies, and in compliance with all relevant laws and regulations. Participant will require all users and all of Affiliate's users to maintain compliance, including patient notification. Participant and Affiliate affirm that all necessary legal documents, including a Business Associate Agreement, are executed and in good standing; further, required privacy, security, and audit policies and procedures for Participant and Affiliate meet all applicable standards.

Affiliate shall not use the CRISP services or permit any Users to use CRISP services to conduct any business or activity, or solicit the performance of any activity, which is prohibited by or would violate any Applicable Law or legal obligation, or for purposes that may create civil or criminal liability in Participant or CRISP.

Acknowledgement

Participant has executed a CRISP Participation Agreement and approves data access and use of CRISP services by Affiliate in accordance with CRISP's policies and procedures. Participant affirms it will maintain necessary legal documents with Affiliate and acknowledges that it is solely the responsibility of Participant to communicate any change of status with respect to their relationship with Affiliate. Participant will notify CRISP immediately of any change in status, to remove Affiliate's CRISP access, or to stop sharing data.

Community-Based Organization Data

- Community-based organizations can submit data to CRISP that is displayed at point of care
- Example: Meals on Wheels can submit Care Alerts for patients that are enrolled in a meal delivery program

- Program Directory
  - “Automated” care alerts. Provides more context around programs that patients are enrolled in
  - One time submission of program description, plus regular program attribution via patient panel – CRISP will then match the program with the description and display at the point of care.

Community-Based Organization Data

- CRISP is piloting referral workflow
- A provider can submit a list of community based organizations they work with frequently
- Can send secure referrals to those organizations
- Organizations submit an ENS panel with the enrolled patients
  - Associates program with the patients care profile
- Organizations can subscribe to notifications about program compliance – be notified of initial enrollment and missed sessions

Questions?

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Questions and Answers

Next Steps

- Regional Partnerships should provide examples of evidence-based behavioral health interventions that the HSCRC should consider supporting through grant funds
  - By October 18, 2019 email intervention ideas to hscrc.rfp-implement@maryland.gov
- Important HSCRC Commission meeting dates
  - Draft recommendation – October 16th
  - Final recommendation – November 13th
  - Refer to the HSCRC website for meeting agenda, materials, and date/time info
- A public comment period will be open from October 9th to October 23rd
- For stakeholders that provide written comments during the October public comment period, brief public testimony will be allowed in the November commission meeting
- HSCRC will create a "Question & Answer" document and send this via email to the Regional Partnership distribution list
- Please email grant related questions to: hscrc.rfp-implement@maryland.gov

Thank You!